

Work Order ID 94710

Tuesday, March 26, 2013 10:14:17 AM

94710

DUPLICATE

Page 1

Item ID: D407-797-014

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Heli-Utility Basket, Light Weight Lid, RH

Start Date: 12/24/2012 Start Qty: 1.00

1

Cust Item ID:

Required Date: 1/18/2013 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: *mf*Date: *13-3-26* Tooling:

Date:

Run Start ***NR1***

QC:

Date: SPC (Y/N):

Date:

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run HoursTool ID Tool # Plan
Code Accept Reject Reject Insp.
Qty Qty Number Stamp

Draw Nbr

Revision Nbr

IIN-D407-797-1

B

100

100

DC

Document Control

DOCUMENT CONTROL

Memo

Photocopy bluefile & type labels per PPD407-797-014 CHG004

0.00

0.00

110

110

Packaging

Packaging

Pick Kit

Memo

****Mask label plate to size of D4307 label, use scotchbrite red pad to lightly sand area for label, apply label ****

0.00

0.00

115

115

QC

Quality Control

QC5- Inspect part completeness to step on W/O

Memo

Inspect label on lid

0.00

0.00

1 *for mcs 13-3-26*DAS
06
2-83*13/3/26*DAS
27
13.3 26*1*

Work Order ID 94710

Tuesday, March 26, 2013 10:14:17 AM

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Page 2

Item ID: D407-797-014

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Heli-Utility Basket, Light Weight Lid, RH

Start Date: 12/24/2012 Start Qty: 1.00

1

Cust Item ID:

Required Date: 1/18/2013 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

120

QC4- 100% Inspect kits for completeness

0.00

120

QC

Memo

0.00

Quality Control

130

Pick Kit

0.00

130

Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D407-797-014

Location: _____
PPP rev: _____

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

Quality Control



13-3-28

13/4/11

13-04-10

Picklist Print

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Page 1
1

Work Order ID: 94710

Parent Item: D407-797-014

Parent Item Name: Heli-Utility Basket, Light Weight Lid, RH

Start Date: 12/24/2012

Required Date: 1/18/2013

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:A 10.11.29 new issue DD verf:JLM IPP Rev:B 11.02.10 as per IIN
rev.A DD verf:JLM IPP Rev:C 11.09.12 @ chg 002 DD verf:EC
IPP REV:D 12.03.06 AS PER ECN12-535 DD VERF:EC IPP REV:E 12.07.24 AS PER
ECN12-611 DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D407-797-111 Quick Release Basket Mounting Installation	SWD	Manufactured	No			110	Each	0.0000	1	1	94181	SP	
D4272-014 Basket Assembly, Lightweight Lid, RH	SWB	Manufactured	No			110	Each	0.0000	1	1	94704	SP	
D4307-265 Placard, Max Load	SWD	Manufactured	No			110	Each	6.0000	1	1	N/A		

Location

ST104

87282

Loc Qty

6

6

Loc Code

SEE ATTACHED
WLO

Work Order ID 94710

94710

Page 1

December-20-12 8:06:38 AM

Item ID: D407-797-014

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Heli-Utility Basket, Light Weight Lid, RH

Start Date: 12/24/12 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 1/18/13 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals:

Process Plan:

Date:

13-01-2

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
IIN-D407-797-1	B								
100		0.00							
100	DOCUMENT CONTROL								
DC	Memo	0.00							
Document Control	Photocopy bluefile & type labels per PPPD407-797-014 CHG004								
110	Pick Kit	0.00							
110									
Packaging	Memo	0.00							
Packaging	****Mask label plate to size of D4307 label, use scotchbrite red pad to lightly sand area for label, apply label ****								
115	QC5- Inspect part completeness to step on W/O	0.00							
115									
QC	Memo	0.00							
Quality Control	***Inspect label on lid***								



133.19

13/03/13

1

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge _____ _____ _____		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____	

Work Order ID 94710***94710***

Page 2

December-20-12 8:06:38 AM

Item ID: D407-797-014

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Heli-Utility Basket, Light Weight Lid, RH

Start Date: 12/24/12 Start Qty: 1.00

1

Cust Item ID:

Required Date: 1/18/13 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120	QC4- 100% Inspect kits for completeness	0.00							
120									
QC	Memo	0.00							
Quality Control									
130	Pick Kit	0.00							
130									
Packaging	Memo	0.00							
Packaging	Identify and pack for shipping as per PPP D407-797-014								
	Location: _____								
	PPP rev: _____								
140	QC21- Final Inspection - Work Order Release	0.00							
140									
QC	Memo	0.00							
Quality Control									

PL 13-04-11

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

Picklist Print

December-20-12 8:06:38 AM

Work Order ID: 94710

Parent Item: D407-797-014

Start Date: 12/24/12

Required Date: 1/18/13

Parent Item Name: Heli-Utility Basket, Light Weight Lid, RH

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:A 10.11.29 new issue DD verf:JLM IPP Rev:B 11.02.10 as per IIN
rev.A DD verf:JLM IPP Rev:C 11.09.12 @ chg 002 DD verf:EC
IPP REV:D 12.03.06 AS PER ECN12-535 DD VERF:EC IPP REV:E 12.07.24 AS PER
ECN12-611 DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D407-797-111 Quick Release Basket Mounting Installation		Manufactured	No			110	Each	0.0000	1	1		See Attached w/o	
D4272-014 Basket Assembly, Lightweight Lid, RH		Manufactured	No			110	Each	0.0000	1	1		1394704 SP.	
D4307-265 Placard, Max Load		Manufactured	No			110	Each	9.0000	1	1		8/3/03/13	
						<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>			
						ST104		9					
						87282		9					

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other